

- Discharging ear **85**
F.B in the ear **86**
Frunculosis **87**
Perforated ear drums **87**
Otitis externa **87**
Earache (otalgia) **88**
TMJ dysfunction **90**
Tinnitus **90**
Epistaxis **92**
Nasal obstruction **92**
Otitis media **94**
Sinusitis **95**
Hay fever (allergic rhinitis) **96**
Nasal discharge **97**
Sneezing **97**
Disorders of smell **98**
Nasal & facial pain **98**
Throat pain **98**
Halitosis **99**
Sore throat & tonsillitis **99**
Hoarseness of voice **100**
Dental abscess **101**
Gingivitis **102**
Mouth ulcers **102**
Snoring **102**
ENT examination **104**
 Ear **104**
 Nose **105**
 Mouth & throat **106**
Put in your mind **108**
Test yourself **109**

VISIT...

LANZAROTE
Caliente.COM

قال تعالى:
 قُلْ إِنَّ صَلَاتِي وَنُسُكِي
 وَمَحْيَايَ وَمَمَاتِي
 لِلَّهِ رَبِّ الْعَالَمِينَ
 لَا شَرِيكَ لَهُ وَبِذَلِكَ أُمِرْتُ
 وَأَنَا أَوَّلُ الْمُسْلِمِينَ
 الأنعام ١٦٢

84

ENT problems

1. Discharging Ear SGR

- The most common cause of discharging ear in GP is with externa.
- It is usually unilateral.

See ENT examination at the end of this chapter

■ Ask about:

- When began?
- Other ear symptoms (earache? bleeding? deafness?)
- The likelihood of a F.B in the ear.
- Ask especially about nature of discharge.

- Watery:** eczema, CSF. [cerob. سر: نه ف/نه]
- Liquid:** wax.
- Mucoid:** chronic suppurative O.M. with perforation.
- Mucopurulent:** AOM, trauma, cancer.
- Foul smelling:** CSOM ±cholesteatoma.

■ Examination:

Examine the ear looking for:

- Wax
- Otitis externa (itchy ear, otalgia, discharge (may be offensive), swollen ear canal.
- Otitis media (otalgia, deafness, systemic illness and pyrexia, may be discharge and red bulging drum.
- Furuncle.
- Perforated ear drum.

■ Management

► Wax:

- Soften the wax

R/CERUMINEX N 2X2X3 ٣ أيام يومية بالاذن مرتين يوميا لمدة ٣ أيام

85

ENT | Page 2

- Ear syringing غسيل اذن لو كان سائلا
- Cotton buds are not necessary

► Ear syringing:

- Direct the jet (الحقنة) back and up.
- First soften the wax as above.
- Using the drops 30 minutes before the drops is good or you can instill warm water 15 minutes before syringing in un-oiled ear.
- Method of syringing:
 - Use water at 37 C.
 - Give up after 3 attempts توقف بعد ٣ مرات غسيل
 - Dry the ear afterwards.
 - Avoid syringing if the drum is perforated, inflamed or a vegetable F.B is occluding the ear (مخاطبة)

2) F.B in the Ear SGR

- Common in children (5years).

■ Management:

- Small object: syringing.
- Insects: drawn them with oil before removal.
- For smooth, rounded F.B:
 - The hook for superficial F.Bs
 - Forceps for deep F.Bs are preferred.
- Take care with large objects that can impact or organic matter that may swell
- Suction prevents F.Bs from penetrating deeper.

ENT | Page 3

3) Frunculosis DGT

- Very painful staph. Abscess arising in a hair follicle
- If there is cellulitis consider flucloxacillin
R/FLUOX 500 MG CAP 1X4X7
- DM is an important predisposing factor.

4) Perforated ear drums SGR

- Usually heal spontaneously within 4-6 weeks if it is traumatic perforation
- Prescribe Amoxicillin 250-500 mg for 5-7 days
R/E-MOX 500 CAP. 1X3X7

5) Otitis Externa DGT

- Inflammation of the outer ear.
- C/O: staph, strept, pseudomonas, fungal.
- Usually caused by:

- | | |
|--------------------------------|-------------------------|
| o Discharge (may be offensive) | o Swollen ear canal |
| o Tragal tenderness | - |
| o Otagia | - |
| o Itching | - |
| ■ Presented by: | |
| o Moisture (swimming) | o Trauma |
| o Humidity, heat | o Infection (see above) |
| o Absence of wax | - |
| o Eczema | - |

87

■ Management:

1. Before aural toilet:

- Give antibiotic ear drops
AS R/OTAL BD IX3
OR R/EAROCURE 2X2 نقطتين بكل أذن مرتين يوميا
- If no response in 1 week try alternative as amoxicillin with or without erythromycin
- If no response refer for aural toilet.

2. Aural toilet (by specialist)

- It is the key to ttt.
- If severe otitis externa the meatus is narrowed.
- Method:
 - 1- Use a strip of ribbon gauze soaked in glycerin ichthammol (very soothing).
 - 2- After few days the canal will open either for
 - o Microsuction.
 - o Or careful cleaning with cotton wool.
 - 3- Don't use commercial cotton buds (they are too large).
 - 4- Non specialists may syringe the ear

⚠ **Beware** persistent unilateral otitis externa in diabetes or elderly or immuno-suppression → the risk is necrotizing otitis externa → locally aggressive & can lead for pseudomonal skull infection for example.

6) Earache (Otagia)

- History: ask about symptoms of URTL.

■ Causes:

1. Referred from URTL.
2. Eustachian tube dysfunction & barotrauma
3. Otitis externa
4. Frunculosis and boils.
5. TMJ dysfunction.
6. Mastoiditis.
7. Toothache.
8. Otitis media

■ Examination:

- 1- If the eardrum is red, bulging or dull → Middle ear infection.
 - 2- If the drum is normal → eustachian, tube dysfunction.
- Also look for:
- o Boil in the canal.
 - o Inflammation behind the ear

■ Investigations:

- Take a swab for any discharge and send it for bacteriology.

■ Management:

- Otitis externa (see before)
- Eustachian tube dysfunction & barotrauma caused by occlusion of eustachian tube during aircraft descent.
 - o There is severe pain as the drum is indrawn, transudation or frank bleeding.

■ Prevention:

- Don't fly with URTL.
- Try decongestants (e.g. xylometazoline every 20 minutes - Otrivin ND into the nose or repeated yawns الشدّ الفكّ) and jaw movements.

7) T.M.J Dysfunction

(may be associated with depression) D47

- Symptoms: earache, facial pain and joint clicking.
- Signs: joint tenderness exacerbated by lateral movements of the open jaw.
- Treatment:
 - NSAIDS PO OR TOPICALLY: R/BRUFEN 600 IX3
دهان ٣ مرات في اليوم لمدة ١٤ يوم
R/OLFEN GEL
 - Stabilize the joint برباط for 3 days to decrease inflammation

Referred otalgia (otalgia is common post-tonsillectomy)

From

- Tonsillitis quinsy.
- Dental disease.
- T.M.J dysfunction.
- In geniculate herpes.

References:

1. G.P: p 212, 213.
2. Oxford handbook of history and examination: p 132, 133.
3. Oxford handbook of clinical specialties: p 542, 543.

8) Tinnitus D48

- Tinnitus is a Ringing, Buzzing, Hissing or pulsating sound in the ear.
- Pulsating tinnitus is caused by noise transmitted from hl vs close to the ear (Internal jugular v. & internal carotid artery).
- Pulsatile tinnitus can be heard by an observer by using stethoscope.

■ Diagnosis

- History: Ask about associated symptoms e.g.

- o Hearing loss.
- o Dizziness.
- o Earache.
- o Is the tinnitus bilateral or unilateral?
- o What is the duration of symptoms?

■ Examination:

- o Check the ears for otitis media, otitis externa & wax.
- o Check BP.

- Investigations: CBC to exclude anemia.

■ Management:

- Patient with tinnitus often presents for the first time with fear of a serious underlying disease such as brain tumors or high blood pressure.
- Reassure the patient if appropriate.
- Treat associated depression.
- The majority of cases resolve. Distraction techniques such as increasing background noise are often useful.
- Treat wax or otitis if present.
- If no response & the patient is still suffering Refer.

Tip: In persistent unilateral tinnitus of recent onset refer to ENT to exclude acoustic neuroma.

■ Some causes of tinnitus:

1. Presbycusis (senile deafness).
2. Noise induced HL.
3. Acoustic neuroma.
4. Wax.
5. Otitis media, otitis externa.
6. Arterial aneurysm (vascular problem).
7. Anemia.
8. HTN.
9. Associated with psychological disturbance (divorce, retirement)

» Tinnitus is worse if the patient is isolated or depressed.

References:

1. G.P. p 213-214.
2. Oxford handbook of history and examination: p 134,135
3. Oxford handbook of clinical specialties: p 552

9) Epistaxis: (Nose bleed) *SgR*

Tip: Never underestimate nose bleeds they can be fatal.

■ Ask about:

- How much blood has been lost?
- Which nostril?
- Bleeding disorders?

■ **Look for:** bleeding point (Littl's area on the nasal septum contains delicate, large bl.vs.)

■ Management:

- 1) **Squeeze** the nose below the bony part for 10-15 minutes.
- 2) If bleeding does not stop, **pack the nose** with adrenaline soaked gauze or v.c (Otrivin) + local anesthetic (2% topical lidocaine).
- 3) If the bleeding persists **pack (ant.)** with vaseline gauze.
- 4) For severe posterior epistaxis, pass 16G or 18G **Foley's catheter** through the nasopharynx & inflate it with 10-15 ml water.
 - o Leave packing for 48 hrs.
- 5) Recurrent bleeding is cauterized by **silver nitrate stick**.

10) Nasal Obstruction *DgT*

1) Acute nasal obstruction:

■ Diagnosis:

■ **History:** Ask about:

1. Symptoms of URTI, common cold, allergic rhinitis.
2. The likelihood of F.Bs.

3. Blood clot following nose bleed.
4. Use of nasal drops or any per-nasal.
5. Don't miss a previous history of nasal surgery.
6. Consider also trauma (septal hematoma) & hay fever.

■ Examination:

o **Look up each nostril for:**

- F.B if suspected.
- Septal hematoma if there is hx of trauma.
- Hyperemia of Littl's area associated with nosebleed.

■ Management:

1. **URT** → treat.

- Advice **normal saline nasal drops**.
- If failed xylometazoline nose drops.

R/OTRIVIN ND IX3

2. **Hay fever:** see later.

3. **Sinusitis:**

- The blocked nose of acute sinusitis is associated with yellow, green. Or blood streaked nasal discharge. & facial tenderness.

• **Treatment:** amoxicillin R/E-MOX OR R/AUGMENTIN 625 IX3X7

- For **chronic sinusitis:** treat initially with steroid sprays or decongestants e.g beclometasone 2 sprays/nostril x 2.

R/BECLIO SPRAY IX2 OR R/AVAMYS NASAL SPRAY IX2

- Otherwise refer for x-ray or antral lavage.

2) Chronic nasal obstruction:

■ History:

Ask about:

- o Nasal speech & tendency to nasal discharge during URTI.

Think of:

- Adenoid hyperplasia.
- Nasal polyps.
- Septal mucosal hyperplasia.

o **Sleep apnea syndrome.**

Sleep apnea is interrupted respiratory blockage making day-time sleeping a problem.

o **Glue ear** (in children) & snoring which result from ch. blockage.

■ Examination:

- o Often **normal** in GP.
- o **Look for nasal polyps.**
- o **Measure** Neck circumference in snoring as collar size greater than 17 inches is +vely associated with sleep apnea syndrome.

■ Management:

1. Nasal steroid spray (**BECLIO**) → partial relief.
2. Treatment of acute infection with Abs. (**FLUMOX**)
3. Wt loss for sleep apnea.
4. Treatment of glue ear.
5. Refer for adenoidectomy, polypectomy.
6. Refer if severe symptoms.

11) Otitis media *SgR*

- Inflammation in the middle ear.
- May be acute, subacute & chronic.

1. Acute

■ C/P:

- Often after viral URTI
- Triage of **otalgia-fever** (especially in young children) and **conductive hearing loss**
- May be irritability & anorexia or vomiting. (in infants and toddlers)
- Rarely tinnitus, vertigo and/or facial n. palsy
- Otorrhea if tympanic membrane is perforated (discharge often decrease in 48 hrs).

■ Pathogenesis

Obstruction of Eustachian tube → air absorbed in the middle ear → negative pressure (an irritant to middle ear mucosa → oedema with exudate/effusion → infection of exudate from nasopharyngeal secretions.

■ Treatment: (refer to ENT surgeon)

1. Give analgesia.
2. Abs e.g. **MEGAMOX 625 M6 IX3X7**

3. **Decongestants don't much help.**

4. **Glycerin phenol ear drops**

* Continuing discharging may indicate complications e.g mastoiditis

References: Toronto notes 2010 P348, 349

2. Chronic: (serous, secretory, or glue ear)

• Inflammation with middle ear fluid.

• Of **several months** duration.

• Discharge.

• Hearing loss.

• No pain.

• **Central perforation.**

• **Treatment:** Aim to dry the discharge:

1. Aural toilet.
2. Antibiotic with steroid eardrops.

R/OTAL EDS IX3.

OR R/TOBRADEX ED IX3

12) Sinusitis *SgR*

■ Sinuses:

- Sinuses are air filled cavities in the bones around the nose.
- They are **frontal, ethmoidal & maxillary** & sphenoidal sinuses.
- Sinusitis occurs when there is **poor drainage**.
- It is acute or chronic.

■ Symptoms:

1. **Pain**

- Maxillary (cheek, teeth).
- Ethmoidal (between eyes).
- On bending.

2. Discharge: from the nose e.g. postnasal drip causing a foul taste in the mouth.
3. Nasal obstruction & congestion.
4. Anosmia & cacosmia.
5. Systemic symptoms e.g. fever.
6. Facial pain may d.t. TMJ dysfunction, migraine, herpes zoster or others.

Causes of sinusitis:

1. Most are 2ry bacterial infection following viral infection.
2. Diving & swimming in infected water.
3. Anatomical: septal deviation, nasal polyps.
4. Acute viral rhinosinusitis lasts < 10 days: if symptoms ↑ after 5 days or last longer than 10 days → consider bacterial aetiology (see point number 1).

Treatment:

- 1) Acute single episode: (< 5 days)
 - a. Bed rest.
 - b. Decongestant R/OTRIVIN ND OR SPRAY 1X3X4
 - c. Analgesia R/BRUFEN 200 1X3 بعد الأكل
 - d. Abs R/CURAM 625 1X3X7
- 2) Chronic: refer to ENT

13) Hay Fever (seasonal allergic rhinitis) حساسية أنفية

- Hay fever is more common in May & June.
- **History:** hay fever is characterized by combination of:
 - Seasonal rhinitis (allergic rhinitis)
 - Conjunctivitis.
 - Occasionally sore throat & wheeze.

Symptoms:

- Sneezing.
- Pruritis.
- Rhinorrhea.

Examination: usually unnecessary.

Management:

1. Avoid situations such as
 - Being outside in the evening.
 - Driving with car windows open.
 - Sleeping with bedroom window open.
2. Give
 - Oral antihistaminic (e.g. loratadine 10 mg 1x1) R/LORANO 1X1
 - Steroid nasal spray e.g. beclometasone R/BECLIO SPRAY 2 SPRAYS/NOSTRIL 1X2
 - Na⁺ Cromoglycate eye drops R/OPTICHOME ED 2 DROPS X 4 helps to relieve allergic conjunctivitis.
 - Bronchodilator inhaler e.g. VENTOLIN 1X2
 - IM steroid injection R/KENACORT AMP. حقنة عضل الآن ولا تكرر

14) Nasal discharge D&T

- Ask about ch. of the discharge:
 1. Watery or mucoid: allergic or infective (viral) or vasomotor rhinitis.
 2. Unilateral copious watery discharge may be d.t. csf rhinorrhea.
 3. Purulent infective rhino-sinusitis or F.B especially if unilateral.
 4. Blood stained (with unilateral symptoms): tumors, trauma.

15) Sneezing D&T

- Very frequent with rival URTI & allergic rhinitis.

- It is commonly associated with rhinorrhea & itching of the nose & eyes.

16) Disorders of smell

- Hyposmia = ↓ sense of smell.
- Anosmia = total loss of smell.
- Ask about the exact timing of hyposmia & any other symptom.
- **Anosmia:**
 - Commonly caused by nasal polyps.
 - May be caused by head injury.
 - May complicate viral URTI (viral neuropathy).
- **Cacosmia:**
 - It is a hallucination of unpleasant smell & may be caused infection interfering with the olfactory structure.

References:

1. Oxford handbook of history and examination p.138, 139.

17) Nasal & Facial pain

- Sinusitis.
- Trigeminal neuralgia.
- Dental sepsis.
- Migraine.

18) Throat pain D&T

1. Where exactly is the pain?
2. Acute tonsillitis is associated with systemic symptoms such as malaise, fever & anorexia.
3. Most sore throats are viral in origin & are associated with infectious mononucleosis glandular fever in all chronic sore throats in adults.
4. Ask about symptoms associated with cancer such as dysphagia, dysphonia, wt loss & hx of smoking & alcohol.

19) Halitosis

- Offensive smelling breath.
- **Causes:**
 - Poor dental hygiene, tonsillar infection, gingivitis, pharyngeal pouch, ch. sinusitis with purulent postnasal drip.

References: Oxford-ex.: p138, 139.

20) Sore throat and Tonsillitis D&T

- Common actual viral or streptococcal sore throat
- **Causes:**
 - Less common: glandular fever, quinsy, sore throat of post nasal drip.
- **Diagnosis:**
 - **History:**
 1. The duration of symptoms: most acute viral & streptococcal sore throats get better spontaneously within 5-7 days.
 2. Symptoms of systemic illness: fever, sweating, myalgia & fatigue all suggest more severe infection.
 - **Examination:**
 - Examine the throat with a good light.
 - Look for:
 - The presence of pus on the tonsils.
 - The presence of white creamy film of glandular fever.

Management:

1. Viral infections:

- Best treated with analgesics, antiseptic.
- R/CATAFLAM 60 1X2 OR BRUFEN 200 1X3 بعد الأكل
- R/H₂O₂ MW 1X3 مضمضة على نصف كوب ماء غرغرة 3 مرات يومياً

2. Bacterial tonsillitis:

Give proper Ab: penicillin

o R/MEGAMOX 625 IX3X5

o R/H₂O₂ MW IX3

o R/BRUFEN 200 IX3 بعد الأكل

3. Follicular tonsillitis: Give

o R/UMICTAM 750 (ADULT), 375 (CHILDREN)

حقنة عضل كل ١٢ ساعة لمدة ٣ أيام

o R/MEGAMOX 625 IX3X4 بعد الحلق

قرص كل ٨ ساعات لمدة ٤ أيام

o R/H₂O₂ MW IX3

o R/BRUFEN 200 IX3

■ Quinsy:

- Painful, marked swelling of a single tonsil suggests quinsy, especially if collection of pus can be seen to point from within the tonsils.
- Refer to ENT for incision & drainage.

■ Chronic sore throat:

Consider physical causes of irritation such as:

- * Snoring
- * Dust inhalation
- * Gastro-esophageal reflux

References:

1. GP. p218, 219

■ When to refer for tonsillectomy?

If more than 5 episodes of tonsillitis/year or significant snoring or apnea.

21) Hoarseness D&R

- Common with URTI
- Acute viral laryngitis is the usual cause

• Treatment: analgesia and rest the voice.

■ Diagnosis:

If the problem lasts more than 3 weeks consider the following.

- Overuse of the voice (e.g. singing)
- Snoring
- Oropharyngeal thrush (e.g. from steroid inhalers)
- Hypothyroidism
- Cancer larynx (recurrent laryngeal n. palsy)
- Vocal cord disease.

■ Investigation:

- o CBC
- o Thyroid function tests (T.F.Ts)
- o CXR

■ Management:

1. Manage any of the specific diseases above.
2. Rest the voice if being overused.
3. If the inhalers cause thrush, wash the mouth after use by mycostatin oral suspension.

R/Nystatin oral drops 1x4

N.B: All patients with unexplained hoarseness for more than 3 weeks need referral to ENT to exclude laryngeal carcinoma.

22) Dental abscess S&T

- Painful tender swelling of the cheek adjacent to an infected tooth root.
- Often there is dental caries.
- Exclude parotid swelling by making sure the angle of the mandible is palpable

■ Management:

1. Prescribe analgesia
2. Abs:

R/AUGMENTIN 16M/12 HRS X 7 DAYS

23) Gingivitis S&T

- Inflammation of the gums making them fragile & prone to bleeding on brushing.
- It is present with dental calculus (جير), vit. C deficiency

■ Management:

1. Advise the patient on general dental hygiene
2. Chlorohexidine oral rinse 2%
3. Refer to a dentist.

R/ORALDENE MW IX3

24) Mouth ulcers D&T

- Mouth ulcers are usually aphthous but can be viral
- Most respond to symptomatic ttt

■ Management:

1. R/BBC SPRAY IX3
OR R/DENTOGEL IX3
OR R/GRACURE GEL IX3
2. Prescribe nystatin oral suspension 1ml x4 if thrush

R/NYSTATIN ORAL DROPS IX4

OR R/DARTARIN ORAL GEL IX4

25) Snoring D&R

- In most cases the cause is unknown or d.t. obesity

■ History: Ask about

- Obesity
- Neck size
- Alcohol intake
- Nasal obstruction
- Day time somnolence.

■ Examination: look for

- Nasal polyps
- Septal deviation
- Enlarged tonsils
- Enlarged uvula

■ Management:

1. Advise wt loss if BMI is >26 or collar size > 17 inches
2. Encourage patients to sleep on one side & avoid excess pillows.
3. Consider beclometasone spray for nasal congestion
4. Refer to ENT for surgery e.g. septal straightening, polypectomy, turbinectomy, turbinate reduction, tonsillectomy or uvulo-palato-pharyngo-plasty.

Sleep apnea can be a complication of snoring especially in patients with a collar size > 17 inches. This condition is treatable with continuous positive pressure ventilation via a nasal mask at night.

26) ENT Examination

1) Ear

1. Use head worn illumination either **head mirror external source light** Or **self contained head light**.
2. Position yourself on one side of the patient.
3. Inspect for
 - Scars (surgery?)
 - Abnormalities e.g. cauliflower ear.
 - Skin changes: cancer?
4. Don't forget to look behind the ear for scars and hearing aids
5. **push on the tragus** and ask the patient if it is painful = infection of the external auditory meatus (+ve tragus sign)
6. Palpate the area in front of the **tragus** is it painful? : TMJ disease
7. **Examine the auditory meatus**
 - Pull the pinna **up and back**
 - In infants **pull down and back**
 - Swab any discharge and remove any wax



Otoscopy:

- Allows you to examine the ext. aud. canal, ear drum and few middle ear structures.
- Structure (see the diagram).
- **Technique:**
 1. Explain the procedure to the patient & take verbal consent **أذن شفوي**
 2. Turn the light source on
 3. Place a clean speculum on the end of the scope.



- Then repeat on the opposite side.
- B. Nasopharynx is **only examined by professionals**
Students or non specialists **should examine the anterior portion of the nose only.**

C. Examine the anterior portion:

- Ask the patient to **tilt their head back**.
- **Push up** slightly on the tip of the nose **with the thumb**.
- You should now be able to see just inside the Ant. vestibule.
- In adults you can use a **nasal speculum** (see the diagram) to widen the nares.
- **Look at the color of mucosa**
 - * Discharge.
 - * Septum.
 - * Any obvious bleeding points, clots, crusts or perforation.
 - * Middle and inferior along the lateral wall (polyps?).



D. Examine the nasal sinuses:

- **Palpate and percuss the skin** overlying the frontal & maxillary sinuses.
- **Tap on the upper teeth** which sit on the floor of the maxillary sinus.

3) Mouth and throat

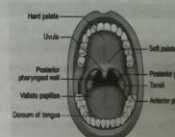
1. Position yourself as above.
2. Inspect the face: facial asymmetry (**parotid enlargement?**)
3. Ask the patient to open his mouth
 - Look at **buccal mucosa**, teeth, and gums.
 - Is there inflammation (**bacterial?**, **fungal?**, **candida?**, **herpes?**, **after radiology?**)
 - Is there dental decay? gingivitis? nodules? ulceration?
 - Look for **parotid duct opening** opposite **upper 2nd molar**

4. Gently, pull the auricle **upwards and backwards** with your **left hand** while holding the **otoscope in your right hand**, i.e. examine the right ear with the left hand & examine the left ear with the right hand.
 - * Place the tip of the speculum in the opening of the external canal.
 - * Do this **under direct vision**, before looking through the viewing window.
5. Slowly insert the otoscope while looking through it.
6. Inspect the skin of the auditory canal for signs of infection wax & F.Bs
7. If wax is obstructing the canal **swab it** or do **ear wash**
8. **Now, examine the tympanic membrane**
 - A healthy ear drum should appear **grayish & translucent**.
 - Look for **light reflex** (points to the toes antero-inferior) = cone reflex.
 - Look for **white patches** (tympanosclerosis) or perforation.
 - Red **Bulging** drum → **acute otitis media**
 - Dull **Grey, yellow** drum, may be **middle ear fluid**.

2) Nose

1. Sit face to face with your knees together and to the patients right.
2. **Inspect the external nose**
 - Size, shape.
 - Deviations.
 - Deformity.
3. Palpate the nasal bones gently: Is there pain?
4. If visible deformity is present palpate → **bony** (upper $\frac{2}{3}$ or **cartilaginous** (lower $\frac{1}{3}$)?
 - Bony: hard & immobile.
 - Cartilaginous firm but compressible.
5. Feel for facial swelling & Tenderness.
Tenderness suggests underlying inflammation.
6. **Now, examine the nose:**
 - A. **Check patency**
 - Push on one nostril until it is occluded.
 - Ask the patient to inhale through the nose.

4. Depress the tongue say "Aaah" then "Eye".
 - Check palate movement.
 - Uvula normally hangs down from the roof of the mouth with "Aaah" the uvula rises up.



Examine tonsils:

- You should use a source of light: **pen torch** or otoscope.
- **Inspect** size, color and any discharge.
- Tonsils lie in the **cleft () the ant. and post. pillars** (arches)
- **Mucopus** on the pharyngeal wall = bacterial infection.
- If you found white **pseudo-membranous exudates** in a teenager = think of infectious mononucleosis (**glandular fever**).
- **Acute tonsillitis:**
 - Is associated with malaise, fever, candidiasis and cervical lymphadenopathy.
 - **N.B:** deep crypts with debris could be normal
- 5. **Bimanual examination:** (for any abnormal or painful areas)
 - Put on a pair of gloves.
 - Put **one hand** outside on the patients **cheek** or jaw and the **other inside the mouth**.
 - Note any **lumps**.
 - Examine submandibular duct for any **stones or masses**.
 - Palpate the **base of the tongue** for **early tumors**
- 6. Palpate the cervical and supraclavicular lymph nodes.

References:

1. Oxford handbook of history and examination : p 142-148
2. Oxford handbook of clinical specialties : p 536-537

Put in your mind

1. To examine auditory meatus pull the pinna back & up.
2. Red, bulging drum → think of otitis media (acute).
3. Dull, grey, yellow, drum → think of middle ear fluid.
4. Deviation of uvula to one side → think of cranial nerve palsy.
5. Infectious mononucleosis (glandular fever) is common in teenagers.
6. The commonest cause of discharging ear in GP is otitis externa.
7. Watery ear discharge → think of eczema or CSF.
8. If you found itchy ear, otalgia, discharging ear → think of otitis externa.
9. If you found otalgia, deafness, systemic illness → think of acute otitis media.
10. Don't do ear syringing if there is organic matter that may swell.
11. Otolgia may be referred from URTI.
12. Don't fly with URTI to avoid barotrauma.
13. Wax is the commonest cause of decreased hearing but rarely causes deafness.
14. Aminoglycosides & aspirin are ototoxic drugs.
15. Unilateral SNHL of recent onset should be referred urgently in case of acoustic neuroma.
16. The commonest cause of HL in old age is Presbycusis (senile HL).
17. Glue ear "otitis media with effusion" is the commonest course of acquired HI in children.
18. Tinnitus may be d.t HTN, anemia or depression.
19. If you found yellow, green, or blood streaked nasal discharge → think of acute sinusitis.
20. The nose may be blocked by F.B, nasal polyps or adenoids.
21. Watery or mucoid nasal discharge → think of allergic or vasomotor rhinitis.
22. If you found purulent nasal discharge → think of infective rhino-sinusitis or F.B especially if unilateral.
23. Hyposmia is decreased sense of smell.
24. Anosmia is total loss of smell.
25. Cacosmia is a hallucination of unpleasant smell.
26. Epistaxis may be d.t HTN, coagulation defects.
27. Don't underestimate nose bleed, it may be fatal.
28. Little's area contains delicate blood vs. that may cause epistaxis.
29. Halitosis may be d.t poor oral hygiene, gingivitis, tonsillitis or post nasal drip d.t sinusitis.

30. The common cause of sore throat is acute viral or streptococcal infection.
31. Painful marked swelling of a single tonsil suggests quinsy.
32. Refer for tonsillectomy if tonsillitis occurred 5 times /year or significant snoring or apnoea.
33. Hoarseness may be d.t URTI, hypothyroidism, cancer larynx.
34. All patient with unexplained hoarseness for more than 3 weeks should be referred to exclude cancer larynx.
35. Beware: persistent unilateral otitis externa in diabetics or elderly or immunosuppression → risk of necrotizing otitis externa.
36. Hay fever is a combination of seasonal rhinitis, conjunctivitis & may be sore throat.

Test yourself

1. Treat a case of TMJ dysfunction.....
2. Ear wax is the commonest cause of.....
3. Cacosmia is the.....
4. How to manage a case of epistaxis.....
5. Treat a case of acute sinusitis.....
6. Prescribe for a case of wax.....
7. Hyposmia is.....
8. The commonest cause of discharging ear in GP is.....
9. Watery nasal discharge suggests.....
10. Treat a case of bacterial tonsillitis.....
11. When to refer for tonsillectomy?.....
12. Anosmia is.....
13. Treat a case of allergic rhinitis.....

14. How to treat acute otitis media.....

15. Treat a case of follicular tonsillitis.....

3



Answers

1. R/Olfen gel دهان ٣ مرات لمدة ١٤ يوم

Stabilize the joint

2. Decreased hearing

3. hallucination of unpleasant smell

4.

○ Squeeze the nose below the bony part for 10 – 15 minutes.

○ If bleeding does not stop, pack the nose with adrenaline soaked gauze or v.c (Otrivin) + local anesthetic (2% topical lidocaine).

○ If the bleeding persists pack (ant.) with vaseline gauze.

○ For severe posterior epistaxis, pass 16G or 18G Foley's catheter through the nasopharynx & inflate it with 10-15 ml water.

○ Leave packing for 48 hrs.

○ Recurrent bleeding is cauterized by silver nitrate stick.

5. Bed rest.

R/Otrivin ND 1x3x4

R/Brufen 200 1x3 بعد الأكل

R/Augmentin 625 1x3x5

6. R/Ceruminex N 2x2x3 لو كان ناشف

نقطتين بالأذن مرتين يوميا لمدة ٣ أيام

Ear syringing غسل اذن لو كان سائلا

7. Decreased sense of smell

8. Otitis externa

9. Eczema, CSF

10. Give proper Ab penicillin

R/Hibiotic 625 1x3x5

R/H₂O₂ mw 1x3

R/Brufen 200 1x3 بعد الأكل

11. If more than 5 episodes of tonsillitis/year or significant snoring or apnea.

12. Total loss of smell

13. R/Lorano 1x1

R/Beclo spray 2 sprays/nosril x2

R/Optichrome Ed 2 drops x 4

R/Ventolin 1x2

R/Kenacort amp حبة عضل الآن ولا تكرر

14. Give analgesia.

R/megamox 625 mg 1x3x7

Glycerin phenol ear drops

15. R/Uniclam 750 (adult), 375 (children) ●

حبة عضل كل ١٢ ساعة لمدة ٣ أيام

بعد الحقن R/Hibiotic 625 1x3x4

قرص كل ٨ ساعات لمدة ٤ أيام

R/H₂O₂ mw 1x3

R/Brufen 200 1x3

تم فصل الأنف والأذن والله تعالى الفضل والمنة